

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

**A. DAVID PRYOR**

Mailing Address 5900 DUTCHMAN CREEK ROAD

City	State	Zip Code
SOUTHPORT	NC	28461

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2015

**Transaction ID : SB28A\_24181208**

Amount of Each Disbursement this Period

1.00
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Refund of contribution, initially earmarked for SINNER FOR NORTH DAKOTA (C00560441)

Full Name (Last, First, Middle Initial)

**B. JAMES PSAKI**

Mailing Address PO BOX 6519

City	State	Zip Code
SNOWMASS VILLAGE	CO	81615

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2015

**Transaction ID : SB28A\_24194129**

Amount of Each Disbursement this Period

2.00
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Refund of contribution, initially earmarked for DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

**C. JAMES PSAKI**

Mailing Address PO BOX 6519

City	State	Zip Code
SNOWMASS VILLAGE	CO	81615

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2015

**Transaction ID : SB28A\_24194134**

Amount of Each Disbursement this Period

2.00
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Refund of contribution, initially earmarked for DEBBIE WASSERMAN SCHULTZ FOR CONGRESS (C00385773)

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5.00
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